

<i>SERFF Tracking Number:</i>	<i>BANN-128111680</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Banner Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>LIA-Simplified Issue</i>		
<i>Project Name/Number:</i>	<i>LIA-Simplified Issue/LIA-ST (2-12)</i>		

## Filing at a Glance

Company: Banner Life Insurance Company

Product Name: LIA-Simplified Issue

SERFF Tr Num: BANN-128111680 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Ada Miller

Disposition Date: 02/28/2012

Date Submitted: 02/23/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: 04/01/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: LIA-Simplified Issue

Status of Filing in Domicile: Pending

Project Number: LIA-ST (2-12)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Maryland, our state of domicile, is part of the Interstate Insurance Product Regulation Commission. This form is currently under review by the IIPRC.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/28/2012

State Status Changed: 02/28/2012

Deemer Date:

Created By: Ada Miller

Submitted By: Ada Miller

Corresponding Filing Tracking Number:

Filing Description:

The above-referenced application form, LIA-ST (2-12), is being submitted for your review and approval. This is a Life Insurance Application form that will be used in the simplified issue market. Form LIA-ST (2-12) is a simplified life insurance application that will be used only for this purpose.

Upon approval, LIA-ST (2-12) is a new form and will not replace any other application forms. This will be marketed through a brokerage distribution system. The implementation date for this form is April 1, 2012.

SERFF Tracking Number: BANN-128111680 State: Arkansas  
Filing Company: Banner Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium  
Product Name: LIA-Simplified Issue  
Project Name/Number: LIA-Simplified Issue/LIA-ST (2-12)

To the best of our knowledge, information and belief, this form complies with the rules and regulations of your department. If you should have any questions or require additional information, please feel free to contact me at amiller@lgamerica.

## Company and Contact

### Filing Contact Information

Ada Miller, Compliance Technician amiller@lgamerica.com  
1701 Research Boulevard 301-279-4809 [Phone]  
Rockville, MD 20850 301-294-6964 [FAX]

### Filing Company Information

Banner Life Insurance Company CoCode: 94250 State of Domicile: Maryland  
1701 Research Boulevard Group Code: 872 Company Type: Life Insurance  
Rockville, MD 20850 Group Name: State ID Number:  
(301) 279-4809 ext. [Phone] FEIN Number: 52-1236145

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$125.00  
Retaliatory? Yes  
Fee Explanation: 1 form x \$125  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Banner Life Insurance Company	\$125.00	02/23/2012	56579980

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	02/28/2012	02/28/2012

<i>SERFF Tracking Number:</i>	<i>BANN-128111680</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>LIA-Simplified Issue/LIA-ST (2-12)</i>		

## Disposition

Disposition Date: 02/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BANN-128111680</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Banner Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Life Insurance Applicaton		Yes

SERFF Tracking Number:	BANN-128111680	State:	Arkansas
Filing Company:	Banner Life Insurance Company	State Tracking Number:	
Company Tracking Number:			
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.003 Single Life - Single Premium
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## Form Schedule

Lead Form Number: LIA-ST (2-12)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIA-ST (2-12)	Application/ Life Insurance Enrollment Form	Applicaton	Initial		50.000	LIA-ST (2-12).pdf



Banner Life Insurance Company  
3275 Bennett Creek Avenue  
Frederick, Maryland 21704  
(800) 638-8428

LIA-ST (2-12)

## NOTICE TO PROPOSED INSURED (Please give to the Proposed Insured)

Thank you for applying to Banner Life Insurance Company. The soliciting insurance broker (broker) should be able to answer any questions you may have. This broker is an independent broker, not an employee of Banner Life Insurance Company, and is not authorized to make or modify contracts or to waive any requirements or any information that we may request.

### Underwriting

Once we receive your application, we will begin an evaluation process called underwriting to determine whether you are eligible for insurance and, if so, the rate you should pay for that insurance. We may find that we are unable to give you the insurance you have applied for or that we are able to give it to you only on a modified basis or at a rate greater than our lowest rate.

Your application will be our primary source of information; therefore, it must be true, complete, and accurate. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application. We may seek information from other sources to help us evaluate the information you give us on your application.

### Contestability

We strongly urge you to review the completed application closely for accuracy. A claim may be denied, the policy may be void or your coverage may be lost if the application is incomplete or if it contains false statements or material misrepresentations. Any policy that may be issued will indicate when and under what circumstances it may be contested. Please be aware that if the application contains material misrepresentations or conceals material facts, and you submitted it with the intent to defraud or to facilitate fraud against us, you may also be guilty of insurance fraud, which is a crime. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application.

### Replacement of Existing Coverage

If you intend to replace existing coverage, tell the broker of your intention and answer "yes" to the replacement question in the application; state law may require the broker to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, indicating an intention to replace existing coverage may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods. The following would be considered replacement: you stop paying premiums on an existing policy or surrender an existing policy before or shortly after applying to us or you borrow from an existing policy to pay premiums for the insurance for which you are applying. State law may define replacement to include other situations. Ask the broker if you are unsure.

### Insurance Information Practices

We will rely primarily on information provided by you. We may supplement that information with information from other sources such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under Federal Fair Credit Reporting Notice. You may request to be interviewed in connection with the preparation of this report.

In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about, and receive copies if you wish, of items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to the Director of Underwriting, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

### Federal Fair Credit Reporting Notice

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living, and personal characteristics. The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address, and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.



Banner Life Insurance Company  
3275 Bennett Creek Avenue  
Frederick, Maryland 21704  
(800) 638-8428

LIA-ST (2-12)

**NOTICE TO PROPOSED INSURED**  
(Please give to the Proposed Insured)

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**MIB, Inc. (Medical Information Bureau) Pre-Notice Disclosure**

Information regarding your insurability will be treated as confidential. Banner Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Banner Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com).



Banner Life Insurance Company  
3275 Bennett Creek Avenue  
Frederick, Maryland 21704  
(800) 638-8428

**LIFE INSURANCE APPLICATION**  
(Please Print)

**SECTION A PROPOSED INSURED**

1. Full Name (Include maiden name in parentheses)		2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth Month Day Year	4. Social Security Number
5. a. Home Address (If P.O. Box, list home address in Section J - Details.) Street _____ City, State _____ Zip _____				5. b. How Long
6. Phone Numbers Home _____ Work _____	7. State/Country of Birth	8. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type _____ If No, Date of Entry into U.S. _____ Country of Citizenship _____		
9. Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	10. Driver's License Number and State of Issue or State ID Number (If None, list reason.)			
11. Proposed Insured Email Address				
12. Occupation (Include duties)		13. Annual Income		14. Total Net Worth
15. a. Employer's Name and Address and Nature of Business				15. b. How Long Employed

**SECTION B BENEFICIARY** (Share percentage totals must equal 100%. If necessary, use Section J - Details.  
If Beneficiary is a trust, check box ☐ and complete Sections B and D.)

16. Primary		
Name _____	SSN or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	Zip _____
Relationship to the Proposed Insured _____		% Share _____
Name _____	SSN or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	Zip _____
Relationship to the Proposed Insured _____		% Share _____
17. Contingent		
Name _____	Relationship _____	% Share _____
SSN _____	Date of Birth _____	
Name _____	Relationship _____	% Share _____
SSN _____	Date of Birth _____	

**SECTION C OWNER** (Will be Proposed Insured unless otherwise indicated in this section.)

18. Owner is <input type="checkbox"/> Trust (If checked must complete Sections C and D.) <input type="checkbox"/> Other than Proposed Insured or Trust		
Name _____	SSN or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	Zip _____
Contact Phone # _____	Relationship to Proposed Insured _____	
Email address _____	If Owner is a business, web site address _____	

**SECTION D TRUST INFORMATION** (Must complete if trust is Beneficiary and/or Owner.)

19. Exact Name of Trust _____	Trust Tax ID# _____
Current Trustee(s) _____	Date of Trust _____

Policy Number (if assigned) \_\_\_\_\_

**SECTION E PAYOR**

20. Send premium notices to: ☐ Employer ☐ Other - If Other, complete the information below

Name \_\_\_\_\_ Relationship to Insured/Owner(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Phone # \_\_\_\_\_ Email address \_\_\_\_\_

**SECTION F INSURANCE APPLIED FOR**

21. Amount of Insurance \$ \_\_\_\_\_

22. Frequency of premium payment: ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

**SECTION G OTHER INSURANCE**

23. Have you ever had an application or informal inquiry for life insurance declined, postponed, modified, rated or offered with a reduced face amount? (If Yes, provide details in Section J - Details.) ..... ☐ Yes ☐ No
24. a. Are you currently applying, or do you intend to apply, for additional life insurance coverage? ..... ☐ Yes ☐ No  
 b. If Yes, what is the total amount of insurance you intend to accept? \$ \_\_\_\_\_
25. Have you replaced other life insurance policies in the past 2 years? ..... (If Yes, provide details in Section J - Details.) ☐ Yes ☐ No
26. a. Do you currently have life insurance coverage (except group insurance)? ..... ☐ Yes ☐ No  
 b. If Yes, provide information for each policy currently in force (except group insurance). If you indicate that you are likely to replace, end, or change existing insurance or annuity with any company or society with the insurance for which you are applying, the broker may be required to provide additional forms for your review and signature. (If necessary, use Section J - Details.)

Company	Policy Number	Face Amount	Business?		Issue Date	Replacing?		Beneficiary
			Yes	No		Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION H PROPOSED INSURED'S HISTORY**

27. In the past 90 days, has the Proposed Insured been at work on a full-time basis performing all duties of his/her regular occupation for at least 30 hours per week? (If No, provide details in Section J - Details.) ..... ☐ Yes ☐ No
28. In the past 90 days, has the Proposed Insured been absent from his/her customary place of employment for 5 or more work days due to illness or medical treatment? (If Yes, explain in Section J - Details.) ..... ☐ Yes ☐ No

**SECTION I PROPOSED INSURED'S HISTORY (Complete only if age 71 or older. Provide explanations for Yes answers in Section J - Details.)**

**Medical facility** includes medical center, hospital, mental health facility, or any facility for drug or alcohol treatment. **Care Provider** includes, but is not limited to, persons licensed as physicians; chiropractors; physical therapists; psychologists; drug, alcohol, or mental health counselors.

29. In the past 5 years, has the Proposed Insured had his/her driver's license suspended or revoked, or been the driver of a motor vehicle involved in an accident? ..... ☐ Yes ☐ No
30. In the past 10 years, has the Proposed Insured been examined or treated by a care provider, been examined or treated at a hospital or other medical facility, or been counseled or treated for alcohol or other drug use? ..... ☐ Yes ☐ No
31. Has the Proposed Insured ever been treated for any of the following:  
 a. Stroke, high blood pressure, chest pain, or disease of the heart or blood vessels? ..... ☐ Yes ☐ No  
 b. Cancer? ..... ☐ Yes ☐ No  
 c. Respiratory disease, kidney disease, liver disease, or diabetes? ..... ☐ Yes ☐ No  
 d. Mental or nervous disorder? ..... ☐ Yes ☐ No

**SECTION J DETAILS - Include question #, reasons, dates, diagnosis, duration, names and addresses of medical facilities/care providers.**

**IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD AND AGREED THAT:**

I/we have read the application and all statements and answers contained in this application and any supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application. I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy.

No agent or other person has power to: (a) accept risk; (b) make or modify contracts; (c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable; (d) waive any Company rights or requirements; (e) waive any information the Company requests; (f) discharge any contract of insurance; or (g) bind the Company by making promises respecting benefits upon any policy to be issued.

I agree that: **I/we will notify the Insurer if any statement or answer given in any part of the application changes prior to policy delivery. Insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to and accepted by the Owner and the first modal premium is paid.**

Changes or corrections made by the Company and noted in Section J - Details above are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

I hereby authorize any physician, medical professional, hospital, clinic or medical care facility; pharmacy benefit manager, prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB, Inc.), to provide the Company and its legal representatives or affiliated insurers, all information they have pertaining to: medical consultations; treatments; hospitalizations for physical and/or mental conditions, use of drugs or alcohol; drug prescriptions; or any other information for me. Other information could include items such as: other insurance information; personal finances; habits; hazardous avocations; motor vehicle records; court records; or foreign travel, etc.

I understand that the information obtained will be used by the Company to determine my eligibility for insurance. I authorize that any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB, Inc.; other persons or organizations performing business or legal services in connection with my application or claim; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I understand that this authorization may be revoked at any time by sending a written request to the Company, Attn: Director of Underwriting, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

The authorization will be valid for 30 months and shall survive the insured. I agree that a copy of this authorization will be as valid as the original. I authorize the Company to obtain an investigative consumer report on me. I understand that I may request to be interviewed for the report and receive, upon written request, a copy of such report.

If an investigative consumer report is prepared, I elect to be interviewed: ☐ Yes ☐ No

**DECLARATION**

I/we understand that all premium checks are to be made payable to **Banner Life Insurance Company** (payee should not be left blank); checks are not to be made payable to the agent, agency or other third party. I/we have received the Notice to Proposed Insured, which includes the Medical Information Bureau Pre-Notice Disclosure and the Federal Fair Credit Reporting Notice.

**I authorize and appoint the Payor named in this application to act as my Agent for the sole purpose of receiving, accepting, and acknowledging delivery of any resulting insurance policy, and/or any other delivery requirement, issued pursuant to this application.**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **Please see fraud warnings on page 4 prior to signing this application.**

_____ Signature of Proposed Insured	Signed at _____ City/State
_____ Print Name of Proposed Insured	_____ Date
_____ Signature of Owner (if other than Proposed Insured)	Signed at _____ State in which Owner Signs the Application
_____ Print Name of Owner	_____ Owner/Officer Title
_____ Signature of Licensed Insurance Agent	Signed at _____ City/State
	_____ Date

## FRAUD WARNINGS

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### **Arkansas & District of Columbia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an insurance application is guilty of a crime and may be subject to fines and imprisonment.

### **Colorado**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **Louisiana, New Mexico, and Rhode Island**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Maine, Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

### **Maryland**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud

### **Oklahoma**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **Oregon**

Any person who knowingly and with intent to defraud, or solicits another to defraud, an insurer by submitting an application or filing a claim containing any false or deceptive material information may be guilty of insurance fraud.

### **Pennsylvania**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

<i>SERFF Tracking Number:</i>	<i>BANN-128111680</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> readability certification attached <b>Attachment:</b> LIA-ST (2-12) Readability Certification.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> not applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> not applicable <b>Comments:</b>		

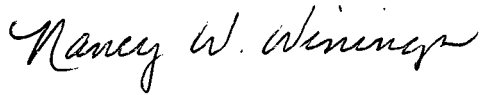
Readability Certification  
LIA-ST (2-12)

This is to certify that the form in this filing has been tested and meets the minimum required Flesch reading ease score.

Life Insurance Application LIA-ST (2-12) has a score of 50.

The application is not less than 10-point type with one-point lead.

The style, arrangement, and overall appearance of the application gives no undue prominence to any portion of the text of the form.



*Nancy W. Winings, FSA, MAAA  
Vice President, Product Development  
Banner Life Insurance Company*

February 3, 2012

*Date*